

Please enter judgment in favor of Plaintiff, United States of America, and against defendant, PETER J. BADDICK, III, as per the Certification of Judgment issued by the Prothonotary of the Court of Common Pleas of Schuylkill County, Commonwealth of Pennsylvania and attached hereto. Said Certification was filed at Number J-319-1998. Defendant has made no payment on said judgment and the balance due is now in the amount of \$111,266.00 principal, plus interest in the amount of \$26,324.34 through December 31, 2002, for the total amount of \$137,590.34, plus interest at the rate of 7.380 percent per annum and costs.

Defendant's last known address is 22 Spring Rock Lane, Tamaqua, PA
18252.

RESPECTFULLY SUBMITTED,

THOMAS A. MARINO
United States Attorney

BY:  J. JUSTIN BLEWITT, JR.
Assistant U.S. Attorney

KAREN M. MUSLOSKI
Paralegal Specialist

DATED: 2/28, 2003

THOMAS A. MARINO
United States Attorney
J. JUSTIN BLEWITT, JR.,
Assistant U.S. Attorney
311 Federal Building
Scranton, PA 18501
Attorney for Plaintiff
Phone: (570)-348-2800

UNITED STATE DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

UNITED STATES OF AMERICA :

Plaintiff :

V. :

Misc. NO. :

() :

PETER J. BADDICK, III, :

Defendant :

PRAECIPE TO FILE JUDGMENT
BASED ON CERTIFICATION OF JUDGMENT

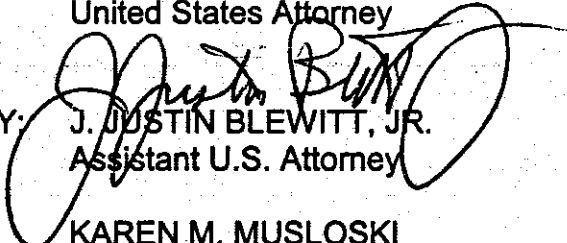
TO THE CLERK OF COURT:

Please enter judgment in favor of Plaintiff, United States of America, and against defendant, PETER J. BADDICK, III, as per the Certification of Judgment issued by the Prothonotary of the Court of Common Pleas of Schuylkill County, Commonwealth of Pennsylvania and attached hereto. Said Certification was filed at Number J-319-1998. Defendant has made no payment on said judgment and the balance due is now in the amount of \$111,266.00 principal, plus interest in the amount of \$26,324.34 through December 31, 2002, for the total amount of \$137,590.34, plus interest at the rate of 7.380 percent per annum and costs.

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THOMAS A. MARINO
United States Attorney

BY:  J. JUSTIN BLEWITT, JR.
Assistant U.S. Attorney

KAREN M. MUSLOSKI
Paralegal Specialist

DATED: 2/28, 2003

IN THE COURT OF COMMON PLEAS OF
SCHUYLKILL COUNTY, PENNSYLVANIA

Pennsylvania Higher Education
Assistance Agency,
Plaintiff

v.

Peter J. Baddick III,
Defendant

Civil Division

Case Number

*Praeceptum for Entry
of Judgment*

*Filed on Behalf of -
Plaintiff*

*Name, Address and
Telephone of -*

X *Counsel of Record*

Individual, Pro Se

*Jason L. Swartley, Esquire
PHEAA Staff Counsel
1200 North Seventh Street
Harrisburg, PA 17102-1444
(717) 720-3800
Attorney's State ID # 78213*

Certified from the Records this 9th

day of January

2004

PROTHONOTARY

PROTHONOTARY

My Commission Expires
First Monday of January 2004

PROTHONOTARY'S
OFFICE
SCHUYLKILL CITY PA
17801
JAN 29 10 PM '98

IN THE COURT OF COMMON PLEAS
SCHUYLKILL COUNTY, PENNSYLVANIA
CIVIL DIVISION

#4
no. Baddick III
Ind

Pennsylvania Higher Education
Assistance Agency,
Plaintiff

v.

Peter J. Baddick III,
Defendant

No.

Term, 19

J-319-1998

PROTHONOTARY'S
OFFICE
SCHUYLKILL COUNTY PA
11901
JAN 29 1 20 PM '98

PRAECIPE FOR JUDGMENT
PROTHONOTARY

TO:

You are hereby directed to enter judgment in favor of the above named Plaintiff and against the Defendant in the principal sum of \$100,164.65 plus interest of \$11,190.45 from the 31st day of July, 1996, through the 22nd day of February, 1998, plus legal fees of \$9.00 for the total amount of \$111,364.10, plus interest accruing at 7.38%.


Plaintiff, Attorney, or Agent

AND NOW, this 29th day of January, 1998, judgment is entered in favor of the Plaintiff and against the Defendant in the amount of \$84,996.60.

I hereby certify that the residence of the Plaintiff(s) is:

1200 North Seventh Street
Dauphin County
Harrisburg, PA 17102-1444

And that the last known precise residence of the Defendant(s) is:

RR #3, Box 178
Schuylkill County
Tamaqua, PA 18252


Plaintiff, Attorney, or Agent

IN THE COURT OF COMMON PLEAS OF
SCHUYLKILL COUNTY, PENNSYLVANIA
CIVIL DIVISION

Pennsylvania Higher Education
Assistance Agency,
Plaintiff

v.

Peter J. Baddick III,
Defendant

No.

Term, 19

PROTHONOTARY'S
OFFICE
SCHUYLKILL CITY PA
17901
JAN 29 1 10 PM '98

NOTICE OF ORDER, JUDGMENT OR DECREE

- () *Plaintiff* You are hereby notified that the following
Order, Judgment, or Decree has been
() *Defendant* entered against you on 28th day of
January, 1998 in the above-captioned case.
- (X) Judgment in the amount of \$111,364.10 plus interest accrued at 7.38%
- () Decree in Divorce
- () Decree Nisi in Equity
- () Final Decree in Equity
- () Justice of the Peace Transcript in Trespass in the amount of _____ Plus Costs.
- () If not satisfied within sixty (60) days, your motor vehicle operator's license will be
suspended by the Department of Transportation, Bureau of Traffic Safety, Harrisburg,
Pennsylvania.
- () Entry of Judgment of () Non-Suit of
() Non-Pros
() Default
() Verdict
() Arbitration Award
- () Justice of the Peace Transcript in Assumpsit in the amount of _____ Plus
Costs.

Peter J. Symons Jr.
Prothonotary

Ray M. Gueshi
Deputy

(Applicable brackets have been checked)
THIS NOTICE IS NOT A DEMAND FOR PAYMENT

PROTHONOTARY'S
OFFICE CITY PA
SCHUYLKILL
JAN 29 1 10 PM '98

**AFFIDAVIT OF SERVICE
STATEMENT OF CLAIM**

DEFENDANT: Peter J. Baddick III

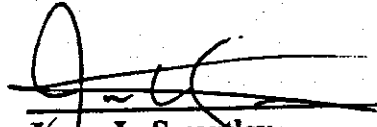
ACCOUNT NO: 179-54-1745

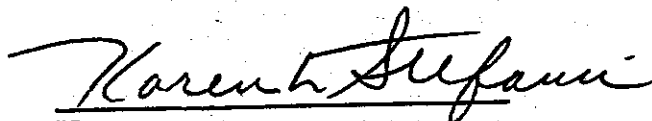
IT IS HEREBY CERTIFIED THAT PURSUANT TO THE PROVISIONS OF 24 P.S. SECTION 5104.3 A STATEMENT OF CLAIM WAS SENT TO THE DEFENDANT BY FIRST CLASS MAIL TO THE ADDRESS OF RECORD ON THE DATE APPEARING ON SAID STATEMENT OF CLAIM. IT IS FURTHER CERTIFIED HEREWITH THAT THE STATEMENT OF CLAIM WAS NOT SUBSEQUENTLY RETURNED TO THIS OFFICE AS UNDELIVERABLE AND THEREBY MET THE REQUIREMENTS OF SERVICE.

DATED:

1/26/98

SIGNED:


Jason L. Swartley
PHEAA Staff Counsel


Notary

NOTARIAL SEAL
KAREN L. STEFANIC, Notary Public
City of Harrisburg Dauphin County
My Commission Expires Sept. 13, 2001

PENNSYLVANIA HIGHER EDUCATION
ASSISTANCE AGENCY,

PLAINTIFF

VS.

PETER J. BADDICK III

DEFENDANT

PETER J. BADDICK III
RR3 BOX 178 WASH
CREEK RD
TAMAQUA, PA 18252

ACCOUNT# 179-54-1745

PROthonotary's
OFFICE CITY PA
SCHUYLKILL
17901
JAN 29 1 20 PM '98

STATEMENT OF CLAIM

1. PLAINTIFF, PENNSYLVANIA HIGHER EDUCATION ASSISTANCE AGENCY, IS A PUBLIC CORPORATION AND GOVERNMENT INSTRUMENTALITY, CREATED UNDER THE LAWS OF THE COMMONWEALTH OF PENNSYLVANIA BY THE ACT OF AUGUST 7, 1963, P.L. 549, WITH ITS PRINCIPAL ADMINISTRATIVE OFFICES AT 1200 NORTH SEVENTH STREET, HARRISBURG, PENNSYLVANIA 17102.
2. DEFENDANT IS AN INDIVIDUAL WHOSE LAST KNOWN ADDRESS IS INDICATED ABOVE.
3. PLAINTIFF, PENNSYLVANIA HIGHER EDUCATION ASSISTANCE AGENCY, BRINGS THIS ACTION AGAINST THE DEFENDANT PURSUANT TO THE ACT OF APRIL 29, 1982 (P.L. 365, NO. 102), (24P.S. SECTION 5104.3).
4. DEFENDANT SIGNED A PROMISSORY NOTE(S) CREATING A HEALTH EDUCATION ASSISTANCE LOAN PURSUANT TO THE PUBLIC HEALTH SERVICE ACT. SEE ATTACHED PROMISSORY NOTE(S).
5. DEFENDANT BREACHED THE AGREEMENT TO REPAY THE LOAN OBLIGATION AND THE AFORESAID NOTE(S) WAS DECLARED IN DEFAULT BY THE HOLDER, AT WHICH TIME THE UNPAID BALANCE IMMEDIATELY BECAME DUE AND PAYABLE.
6. THE TOTAL AMOUNT DUE PLAINTIFF IS AS FOLLOWS:

PRINCIPAL SUM	\$	100,164.65
INTEREST TO 08/21/97		7,581.21
OTHER CHARGES		.00
COSTS		.00
TOTAL	\$	107,745.86

WHEREFORE, PLAINTIFF DEMANDS AN ORDER OF DEFAULT AGAINST DEFENDANT IN THE AMOUNT OF \$ 107,745.86 WITH INTEREST AND COSTS.

Linda J. Laub

STAFF COUNSEL
P.O. BOX 1357
HARRISBURG, PA 17105
(717) 720-3800
TT# (717) 720-2366

DATE: 08/23/97

PROTHONOTARY'S
OFFICE
SCHUYLKILL CTY PA
17601
JAN 29 1 10 PM '98

AFFIDAVIT OF ENTRY OF ORDER OF DEFAULT

DEFENDANT: Peter J. Baddick III

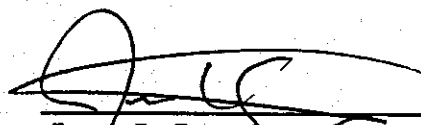
ACCOUNT NO: 179-54-1745

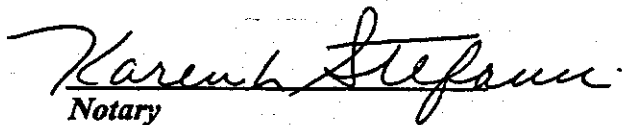
IT IS HEREBY CERTIFIED THAT PURSUANT TO THE PROVISIONS OF 24 P.S. SECTION 5104.3 AN ORDER OF DEFAULT WAS ENTERED BY THE BOARD OF DIRECTORS OF THE PENNSYLVANIA HIGHER EDUCATION ASSISTANCE AGENCY AT ITS BOARD MEETING ON DECEMBER 4, 1997. A RECORD OF THIS ENTRY IS DULY RECORDED AND KEPT AT THE OFFICES OF THE AGENCY LOCATED AT 1200 NORTH SEVENTH STREET, HARRISBURG, PENNSYLVANIA 17102-1444.

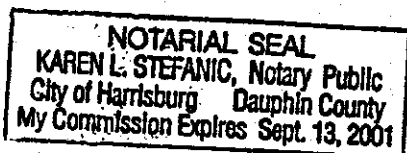
DATED:

1/26/98

SIGNED:


Jason L. Swartley
PHEAA Staff Counsel


Notary



PENNSYLVANIA HIGHER EDUCATION
ASSISTANCE AGENCY,

PLAINTIFF

VS.

PETER J. BADDICK III

DEFENDANT

PETER J. BADDICK III
R R 3 BOX 178
SPRING ROCK LN
TAMAQUA, PA. 18252

ACCOUNT# 179-54-1745

ORDER OF DEFAULT

AND NOW THIS 5TH DAY OF DECEMBER, 1997,
IT HAVING BEEN DETERMINED THAT THE ABOVE-NAMED DEFENDANT HAS FAILED TO
FILE A RESPONSE TO THE STATEMENT OF CLAIM FILED AGAINST SUCH DEFENDANT
IN THE RECORDS OF THE AGENCY, AN ORDER OF DEFAULT IS HEREBY ENTERED
AGAINST THE DEFENDANT IN THE AMOUNT OF \$ 109,800.82.

PRINCIPAL	\$	100,164.65
INTEREST TO 12/05/97		9,636.17
OTHER CHARGES		.00
COSTS		<u>.00</u>
TOTAL	\$	109,800.82

THE PENNSYLVANIA HIGHER EDUCATION
ASSISTANCE AGENCY

1-800-233-0751
TT# 717-720-2366

Promissory Note -- Variable Note

10/11/41 ATPO

WARNING: Any person who knowingly makes a false statement or misrepresentation to a NEAL loan representative, or who provides to a Federal official, fraudulently obtains a NEAL loan, or commits any other Federal crime, in connection with a NEAL loan is subject to penalties and imprisonment under Federal statute.

Last Name (Print or type)		First Name		Middle Initial		Social Security Number (Print)	
Pauk		D.		T		179-54-1795	
Date (Month/Day/Year)							
PERMANENT HOME ADDRESS		City	State	Zip	Area Code/Telephone Number		
1000 43rd St		CHICAGO	IL	1044	708-967-2000		
TEMPORARY SCHOOL ADDRESS		City	State	Zip	Area Code/Telephone Number		
1000 43rd St		CHICAGO	IL	1044	708-967-2000		

PROMISE TO PAY

1. Robert T. Boddick III the Son of, promises to pay to the Pennsylvania Higher Education Assistance Agency, the sum of \$20,000.00 to the extent it is advanced to me, to pay interest on the principal loaned out and to pay subsequent late charges, all reasonable attorney's fees, and other costs and charges that are payable by Federal-qualified institutions and to pay for the collection of any amount not paid when due. This Note is under an Agency program which is funded in part by one or more Federal Government educational institutions with Douglas Deposit Bonds and Trust Company, Harrisburg, Pennsylvania, as Trustee (the "Trustee") Under certain circumstances this Note may be assigned to third parties or transferred out from under the Son of the Institution.

The Lender and I further understand and agree that

NOTIFICATION

NOTIFICATION

I must immediately notify the teacher (in this form, the term "teacher" includes a classroom aide) the day in coming if any of the following occurs to the child or the host to be listed in full: 1) change of address, 2) name change (a), 3) median name to married name, 4) failure to attend in a REGULAR manner for the period for which the host is awarded, 4) transfer to another school, 5) withdrawal from school or attendance on a less than full-time basis, 6) graduation, 7) failure to begin any activity eligible for deferment status, or 8) cessation of participation in an activity eligible for deferment status.

RESULTS

1. Beginning on the day the loan is disbursed, interest shall accrue. Payment of the interest maturing before the maturity of the repayment period may be postponed until the date upon which repayment of principal is required to begin or to resume. Interest which has accrued and is not paid may be added to the principal sum of the loan and then frequently than every six months. Beginning when the repayment period commences, interest shall accrue and be paid on not less than the Payment Schedule which the lender shall establish and provide to me.

2. Interest shall accrue and be payable at a yearly rate of interest which is equal to a variable rate established by the Secretary of the Department of Health and Human Services for each calendar quarter and computed by determining the average of the base equivalent rates for the ninety-one day U.S. Treasury bill auctioned during the preceding quarter, plus three percent, rounding this figure to the nearest one-eighth of one percent.

However, (4) as long as this Note is not in payment and is held by the Agency or the Trustee, the interest on this Note shall be paid from under the line of the Indenture a credit may be computed every month and applied every six (6) months or (b) if the Note is in payment and held by the Agency or the Trustee and has not been transferred out from under this line of the Indenture a credit may be computed and applied every month which credit will be a deduction of the interest accrued pursuant to the United States Treasury Regulations on arbitrage bonds (26 CFR § 1.108-1).

3. Any change in the yearly rate of interest will affect the payment amounts, the number of payments, or the amount due at maturity.

MANAGEMENT FORMULAS

I agree to pay the lender, in addition to interest and principal due on an amount equal to the premium that the lender is required to pay to the Secretary in order to provide insurance coverage on this Note. Payment of an insurance premium estimated in accordance with instructions issued by the Secretary shall be due and payable immediately and may be taken by the lender from the loan proceeds.

PAYMENT

☐ I may, at my option and without penalty, prepay all or any part of the principal and accrued interest at any time. If I pay off early, I will not have to pay a penalty. If I pay off early, I will not be entitled to a refund of part of the insurance premium.

DEPARTMENT

1. Payment shall be made in monthly installments over a repayment period which starts the first day of the fourth month after the month in which

- (4) I agree to be a full-time student at a MEAA school
- (X1) I agree to be a participant in an accredited internship or residency program of not more than two years in duration, 1 or
- (X2) I complete the fourth year of an accredited internship or residency program of more than two years in duration, 1 or
- (X3) I agree to be a participant in a fellowship training program not in excess of two years or a participant in a full-time educational activity not in excess of one year while (X1) is directly related, as defined in program regulations, to the health profession for which I am prepared as a MEAA school, unless
- (X4) in which I may engage during a two-year period which begins within twelve months after I complete my participation in an internship or residency program described in clause (X1) or clause (X2) of this paragraph or before I complete my participation in such an internship or residency program.

2. The repayment period shall not be less than ten years nor more than twenty-five years. Any period described under DEPENDENT shall not be included in determining the first or twenty-five year periods. If I receive my first MRAA loan on or after October 31, 1986, the repayment period shall not extend to a date that is more than

Except that if I have received a HEAL loan before October 22, 1985, and I become an intern or a resident in an accredited program before the first day of the tenth month after I cease to be a full-time student at a HEAL school, then the repayment period begins on the first day of the tenth month after I cease to be an intern or a resident.

1984-1985: 17-18

thirty three years from the date on which it expired the Memorandum of Understanding. If the Memorandum of Understanding has not been renewed by October 27, 1994, however, any period commencing on that date (FEBRUARY) shall not be treated as commencing the thirty-three year period.

[illegible]

4. The terms and conditions of repayment shall be set forth in a separate Repayment Schedule which the lender shall execute and shall provide the same to the borrower at the maturity of the loan.

5. Unless I agree otherwise, I shall make a minimum annual repayment of an amount equal to the normal interest on the unpaid principal balance. Except as stated above, if I have other outstanding HEAL loans, the sum of all payments on all balances on my HEAL loans shall not be less than an amount equal to the principal interest on the unpaid principal balance.

I understand that the loan must be repaid in accordance with my payment schedule. If my account becomes overdue by more than sixty days, the lender has the right to terminate contact with respect to the loan, which may significantly and adversely affect my credit rating. The lender may also use collection agencies and utilize other collection activities (which may include reporting to my creditors) in the event my account becomes overdue.

CREDIT REPORTING AGENCY

My educational institution or my lender may disclose my name, and any other relevant information, to appropriate consumer credit reporting agencies. If I am more than sixty days past due in making a scheduled payment, the lender or my lender will notify an appropriate consumer credit reporting agency of my past due status and any other relevant information.

LATE CHARGE

If a scheduled payment is late, I will be charged five cents for each dollar of the installment payment due.

ORIGINAL

The terms of this Note shall be construed to the Law (21 U.S.C. 264-264-1) and the Federal regulation (43 CFR Part 80) governing the administration of the Higher Education Assistance Loan (HEAL) Program, copies of which are on file with the holder of this Note.

I agree that all proceeds from this loan will be used solely for tuition and other reasonable education expenses, including fees, books, supplies and equipment, and laboratory expenses, reasonable living expenses, reasonable transportation expenses to the extent they are directly related to my education, and the HEAL Scholarship program. I further agree that the check(s) for the proceeds of this loan shall be payable jointly to me and the above institution in which I am enrolled.

I have read and understand the Additional Terms and Statement of Flight and Responsibilities printed on the reverse side of this form.

By my signature below, I CERTIFY that I have read and understand my rights and responsibilities regarding the HEAL loan under this Preliminary Note.

5-17-73

Peter J. Callahan
SIGNATURE OF BORROWER

1450 West Chas. Pike 417 Summit St
ADDRESS

Westchester, Pa. 19382

NOTICE: This note shall be executed without security and without endorsement, except that, if the borrower is a driver and licensee under Fed. motor applicable State law, or a bonding obligor, the lender may require an endorser also to sign this Note. The lender shall supply a copy of this Note to the borrower.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
HEALTH RESOURCES AND SERVICES ADMINISTRATION

HEALTH EDUCATION ASSISTANCE LOAN PROGRAM

Promissory Note - Variable Rate

Expiration Date: 09/30/14

See Addendum

WARNING: Any person who knowingly makes a false statement or misrepresentation in a HEAL loan transaction, bribes or attempts to bribe a Federal official, fraudulently obtains a HEAL loan, or commits any other illegal action in connection with a HEAL loan is subject to possible fine and imprisonment under Federal statute.

Last Name (Print or type)	First Name	Middle Initial	Social Security Number (Print)
BADDICK III	Peter	J.	179-54-1745
Other Name(s) Used			
PERMANENT (HOME) ADDRESS	City	State	Zip Code
P.O. Box 43 2nd St	Quakake	Pa.	18245
TEMPORARY SCHOOL ADDRESS	City	State	Zip Code
4000-113 Presidential Blvd Phila.	Pa.	19131	
Area Code/Telephone Number		Area Code/Telephone Number	
717-467-2697		(215) 971-0556	

PROMISE TO PAY

Peter J. Baddick III the borrower, promises to pay to the Pennsylvania Higher Education Assistance Agency (the "Agency") the lender, or the subsequent holder of this Note, the principal sum of \$10,000.00, in the event it is advanced to me, to pay interest on the principal sum as set out below and to pay authorized late charges, all reasonable attorney's fees, and other costs and charges that are provided by Federal regulations and are necessary for the collection of any amount not paid when due. This Note is under an Agency program which is funded in part by one or more Revenue Bonds issued under Trust Indentures with Dauphin Deposit Bank and Trust Company, Harrisburg, Pennsylvania, as Trustee (the "Trustee"). Under certain circumstances this Note may be sold or assigned to third parties or transferred out from under the ten of the Indenture.

The Lender and I further understand and agree that:

NOTIFICATION

I must immediately notify the lender (on this Note, the term "lender" includes a subsequent holder of the Note) in writing if any of the following occurs in the before the loan is repaid in full: 1) change of address; 2) name change to 3) maiden name to married name; 4) failure to enroll in a HEAL school for the period for which the loan is intended; 5) transfer to another school; 6) withdrawal from school or attendance on a less than full-time basis; 7) failure to begin my activity eligible for deferment status; or 8) cessation of participation in an activity eligible for deferment status.

INTEREST

1. Beginning on the day the loan is disbursed, interest shall accrue. Payment of the interest accruing before the beginning of the repayment period may be postponed until the date upon which repayment of principal is required to begin or to resume. Interest which has accrued and is not paid may be added to the principal sum of this Note and may be repaid at any time.

2. Interest shall accrue and be payable at a yearly rate of interest which is equal to a variable rate calculated by the Secretary of the Department of Health and Human Services for each calendar quarter and computed by determining the average of the bond equivalent rates for the ninety-one day U.S. Treasury Bills auctioned during the preceding quarter, plus three percent, rounding this figure to the nearest one-tenth of one percent.

However, (a) so long as this Note is not in repayment and is held by the Agency or the Trustee and has not been transferred out from under the ten of the Indenture a credit may be computed every month and applied every six (6) months or (b) if the Note is in repayment and held by the Agency or the Trustee and has not been transferred out from under the ten of the Indenture a credit may be computed and applied every month which credit will be a reduction of the interest accrued pursuant to the United States Treasury Regulations on average bonds (26 CFR § 1.101-12 or sec.) as applicable to the Bonds.

3. Any changes in the yearly rate of interest will affect the payment amounts, the number of payments, or the amount due at maturity.

INSURANCE PREMIUM

I agree to pay the lender, in addition to interest and principal due, an amount equal to the premium that the lender is required to pay to the Secretary in order to provide insurance coverage on this Note. Payment of an insurance premium calculated in accordance with instructions issued by the Secretary shall be due and payable immediately and may be taken by the lender from the loan proceeds.

REPAYMENT

I may, at my option and without penalty, prepay all or any part of the principal and accrued interest of any time. If I pay off early I will not have to pay a penalty. If I pay off early, I will not be entitled to a refund of part of the insurance premium.

REPAYMENT

1. Repayment shall be made in monthly installments over a repayment period which starts the first day of the first month after the month in which (a) I cease to be a full-time student at a HEAL school.

(b) I cease to be a participant in an approved internship or residency program of not more than four years in duration; or

(c) I complete the fourth year of an approved internship or residency program of more than four years in duration; or

(d) I cease to be a participant in a fellowship training program not in excess of two years or a postdoctoral fellowship in a health-related activity not in excess of two years which (1) is directly related to my education, and (2) is in the health professions for which I prepared at a HEAL school, and (3) in which I only engage during a two-year period which begins within twelve months after I complete my participation in an internship or residency program described in clause (b)(1) or clause (b)(2) of this paragraph or before I complete my participation in such an internship or residency program.

2. The repayment period shall not be less than ten years nor more than twenty-five years. Any period described under DEFERMENT shall not be included in determining the ten or twenty-five year periods. If I receive my first HEAL loan on or after October 1, 1985, the repayment period shall not extend to a date that is more than thirty years after I receive my first HEAL loan.

3. Except that I have received a HEAL loan before October 22, 1985, and I become an officer or president in an approved program before the beginning of the tenth month after I cease to be a full-time student at a HEAL school, then the repayment period shall end on the first day of the tenth month after I cease to be an officer or a president.

thirty-three years from the date on which I signed this Promissory Note. If I received my HEAL loan prior to October 22, 1985, however, any period described under DEFERMENT shall not be included in determining the thirty-three year period.

3. At least thirty and not more than thirty days before the commencement of my repayment period, I must contact the holder of my loan to establish the precise terms of repayment. My repayment schedule will require monthly payments. However, I may select a monthly repayment schedule with substantially equal installments or a monthly repayment period if I contact the holder of my loan within the period described. If I do not contact the holder and do not respond to contacts from the holder, the holder may establish a monthly repayment schedule with substantially equal installment payments, subject to the terms of this Note.

4. The terms and conditions of repayment shall be set forth in a separate Repayment Schedule which the lender shall complete and shall provide me prior to the beginning of the repayment period.

5. Unless I agree otherwise, I shall make a minimum annual repayment of an amount equal to the annual interest on the unpaid principal balance. Except as provided above, if I have other outstanding HEAL loans, the sum of all payments to all holders on my HEAL loans shall not be less than an amount equal to the unpaid interest on the unpaid principal balance.

6. I understand that this loan must be repaid in accordance with my Repayment Schedule. If my account becomes overdue by more than thirty days, the lender must notify an appropriate consumer credit reporting agency of this, which may adversely and adversely affect my credit rating. The lender must also use collection agents and utilize other collection activities which may include litigation if my account becomes overdue.

CREDIT REPORTING AGENCY

My educational institution or my lender may disclose my loan, and any other relevant information, to appropriate consumer credit reporting agencies. If I am more than thirty days past due in making a scheduled payment, the lender of my loan will notify an appropriate consumer credit reporting agency of my past due status, and any other relevant information.

LATE CHARGE

If a scheduled payment is late, I will be charged two cents for each dollar of the outstanding payment due.

GENERAL

The terms of this Note shall be construed to the Law (42 U.S.C. 204-2047) and the Federal regulation (42 CFR Part 205) governing the administration of the Health Education Assistance Loan (HEAL) Program, copies of which are on file with the holder of this Note.

I agree that all proceeds from this loan will be used solely for tuition and other reasonable educational expenses, including fees, books, supplies and equipment, and laboratory expenses, reasonable living expenses, reasonable transportation costs (only to the extent they are directly related to my education), and the HEAL insurance premium. I further agree that the proceeds of this loan shall be made payable solely to me and the eligible institution in which I am enrolled.

I have read and understand the Additional Terms and Statement of Rights and Responsibilities printed on the reverse side of this form.

By my signature below I CERTIFY that I have read and understand my rights and responsibilities regarding the HEAL loan under this Promissory Note.

Date: 6/2/92
Signature of Borrower: Peter J. Baddick III
Signature of Lender: P.O. Box 43 2nd St
Address: Quakake, Pa. 18245
City/State/Zip: Quakake, Pa. 18245

WARNING: This note shall be executed without penalty and without endorsement, except that, if the borrower is a minor and the loan would not, under applicable law, create binding obligation, the lender may require an authorized adult to sign this Note. The lender shall supply a copy of this Note to the borrower.

024630

Last Name (Print or Type) Raddice	First Name Peter	Middle Initial J	Social Security Number (SSN) 179-54-1745
Other Names/Usual Other Names/Usual	7	4	3
PERMANENT (HOME) ADDRESS P.O. Box 43 2nd St	City Quakertown	State Pa	Zip Code 18455
TEMPORARY SCHOOL ADDRESS 1022-113 Presidential Ave Bldg	City River Park	State Pa	Zip Code 19131
			Area Code/Telephone Number (717) 467-2667
			Area Code/Telephone Number (215) 571-0856

Rev. J. Lamb, 121

The LOANER and i Library announced and gave out

It is the responsibility of the writer on this issue to ensure that the information is accurate and that the information is presented in a clear and concise manner. The writer should also ensure that the information is presented in a way that is easy to understand and that it is presented in a way that is consistent with the information presented in the other parts of the document.

[illegible]

3. Although there are no real "free" markets in the world, the concept of a free market is useful in a policy sense. It is useful in that it provides a framework for thinking about the role of government in the economy. It is useful in that it provides a framework for thinking about the role of government in the economy. It is useful in that it provides a framework for thinking about the role of government in the economy.

1. The following are the points to be noted in the report of the Committee on the subject of the proposed amendments to the Constitution of the United States:

[illegible]

• **உதவி:** இது ஒரு சிறிய அளவிலான பணமாகும். இதை நீங்கள் ஒரு சிறிய அளவிலான பணமாகப் பயன்படுத்தலாம். இதை நீங்கள் ஒரு சிறிய அளவிலான பணமாகப் பயன்படுத்தலாம்.

[Faint, illegible text at the bottom of the page]

1. The purpose of this report is to provide a summary of the results of the study conducted by the research team.

[illegible]

5 The respondent stated that he did not know that for years, his wife had been
two years, they joined themselves under DEFENDANT that he had requested a divorce
during the last or twenty five years previous. I received my first notice when he was
a child 21. The respondent stated that he desired to a date that is every year

[illegible]

1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 26

only those cases in which the donor is alleged to have been a member of the Communist Party, U.S.A., and the donor is deceased. In 1975, however, the Commission was authorized to include in its jurisdiction the living donor as well. The Commission is now authorized to act not only in determining the living donor's year period, but also in cases where the donor has died, and also before the commencement of the living donor's year period. The Commission is authorized to determine the living donor's year period, and also to determine the living donor's year period, and also to determine the living donor's year period.

3. For some of the reasons of importance that we set forth in a separate Report, some members of the group are opposed to the extension and other growth of the group in the direction of the "Executive Forum".

7. The above information is also a complete and accurate representation of an account made by the owner of the vehicle involved in the accident. I have no interest therein. I have also acknowledged that, under the oath of an officer to be taken by my wife, above that she is not that an accident claim to the compensation of the vehicle involved.

[illegible]

The following information was obtained from the records of the Bureau of the Census, Department of Commerce, Washington, D.C., regarding the number of persons who have been granted citizenship by naturalization since January 1, 1960, through December 31, 1970.

1. The Commission has received information that the following individuals have been identified as being involved in the activities of the Communist Party, U.S.A., and its front organizations, and are being considered for removal from the U.S. Government and its agencies:

The words of the title that is contained in the Law 100 U.S.C. (24-2637) and the Federal Register of 21st May 1964, the administration of the House of Representatives Committee on Education, 100-26 of which are on the way the subject of this letter.

[illegible]

I have read and understand the foregoing Terms and Statement of Rights and Responsibilities printed at the reverse side of this form.

By my signature below, I certify that I have read and understand the rights and responsibilities regarding the release of information and the information below.

8-26-91

Pt. 1 Rev. 1 -

Letting's do that

1000422 PO Box 43 2nd floor

Q. 1555 b 18245

on 1/15/10, 1/15/10

NOTES: This note must be executed without recourse, and without order, must accept that if the borrower is a minor and the lender is not, the lender agrees that the lender is not a party to the loan and the lender will not be bound by the terms of the loan agreement. The lender will not be bound by the terms of the loan agreement and is not to be held liable for the loan. The lender must supply a copy of this Note to the borrower.

6611157011

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
HEALTH EDUCATION ASSISTANCE LOAN PROGRAM

HEALTH EDUCATION ASSISTANCE LOAN PROGRAM

Promissory Note - Variable Rate

WARNING: Any person who knowingly makes a false statement or misrepresentation to a HEAL loan transaction, or commits any other illegal act in connection with a HEAL loan, is subject to criminal fine and imprisonment under Federal statute.

Last Name (Print or type)	First Name	Middle Initial	Social Security Number (SSN)
Boddick III	Peter	J.	179-64-1743
Other Name(s) Used			
PERMANENT (HOME) ADDRESS	City	State	Zip Code
P.O. Box 43 2nd St.	QUAKAKE	Pa.	18245
TEMPORARY SCHOOL ADDRESS	City	State	Zip Code
4100-113 Presidential Blvd Phila.	Phila.	Pa.	19131
Area Code (Temporary Number)	Area Code (Temporary Number)	Area Code (Temporary Number)	Area Code (Temporary Number)
(717) 467-0687	(215) 877-5014		

PROMISE TO PAY

I, Peter J. Boddick III, the borrower, promise to pay to the Pennsylvania Higher Education Assistance Agency (the "Agency") the sum of \$10,000 to the extent it is advanced to me, to pay interest on the principal sum of \$10,000 at the rate of 10% per annum, and to pay authorized late charges, as reasonable attorney's fees and other costs and charges that are permitted by Federal regulations and are necessary to the execution of any amount not paid when due. This Note is under an Agency program which is funded in part by one or more Revenue Bonds issued under the provisions of the Pennsylvania Public Finance Code, 54 P.S. § 10101, et seq., as amended, and is subject to the terms and conditions of the Trust Agreement (the "Trust Agreement") between the Agency and the Trust Company, Harrisburg, Pennsylvania, as Trustee (the "Trustee"). Under certain circumstances this Note may be sold or assigned to third parties or transferred out from under the lien of the Indenture.

The Lender and I further understand and agree that:

NOTIFICATION

I must immediately notify the lender (in this Note, the term "lender" includes a subsequent holder of this Note) in writing if any of the following occurs to me before the loan is repaid in full: 1) change of address; 2) name change (e.g., maiden name to married name); 3) failure to enroll in a HEAL school for the period for which the loan is intended; 4) transfer to another school; 5) withdrawal from school or attendance for less than full-time basis; 6) graduation; 7) failure to begin any activity eligible for deferment status; or 8) cessation of participation in an activity eligible for deferment status.

INTEREST

1. Beginning on the day the loan is disbursed, interest shall accrue. Payment of the interest accruing before the beginning of the repayment period may be postponed until the date upon which repayment of principal is required to begin or to resume. Interest which has accrued and is not paid may be added to the principal sum of the Note not more frequently than every six months. Beginning when the repayment period commences, interest shall accrue and be paid as set forth in the Repayment Schedule which the lender shall establish and provide to me.

2. Interest shall accrue and be payable at a yearly rate of interest which is equal to a variable rate calculated by the Secretary of the Department of Health and Human Services for each calendar quarter and computed by determining the average of the bond equivalent rates for the ninety-one day U.S. Treasury Bills auctioned during the preceding quarter, plus three percent, rounding this figure to the nearest one-eighth of one percent.

However, (a) so long as the Note is not in repayment and is held by the Agency or the Trustee and has not been transferred out from under the lien of the Indenture a credit may be computed every month and applied every six (6) months or (b) if the Note is in repayment and held by the Agency or the Trustee and has not been transferred out from under the lien of the Indenture a credit may be computed and applied every month which credit will be a reduction of the interest accrued pursuant to the United States Treasury Regulations on average bonds (26 CFR § 1.163-15 et seq.) as applicable to the Bonds.

3. Any changes in the yearly rate of interest will affect the payment amounts, the number of payments, or the amount due at maturity.

INSURANCE PREMIUM

I agree to pay the lender, in addition to interest and principal due, an amount equal to the premium that the lender is required to pay to the Secretary in order to provide insurance coverage on this Note. Payment of an insurance premium calculated in accordance with instructions issued by the Secretary shall be due and payable immediately and may be taken by the lender from the loan proceeds.

PREPAYMENT

I may, at my option and without penalty, prepay all or any part of the principal and accrued interest at any time. If I pay off early, I will not have to pay a penalty. If I pay off early, I will not be entitled to a refund of part of the insurance premium.

REPAYMENT

1. Repayment shall be made in monthly installments over a repayment period which starts the first day of the tenth month after the month in which:

- I cease to be a full-time student at a HEAL school;
- I cease to be a participant in an accredited internship or residency program of not more than four years in duration; or
- I complete the fourth year of an accredited internship or residency program of more than four years in duration; or
- I cease to be a participant in a fellowship training program not in excess of two years which: (1) is directly related, as defined in program regulations, to the health profession for which I prepared at a HEAL school; and (2) in which I may engage during a two-year period which begins within twelve months after I complete my participation in an internship or residency program described in clause (B)(1) or clause (B)(2) of this paragraph or before I complete my participation in such an internship or residency program.

2. The repayment period shall not be less than ten years nor more than twenty-five years. Any period described under DEFERMENT shall not be included in determining the ten or twenty-five year periods. If I receive my first HEAL loan on or after October 22, 1986, the repayment period shall not extend to a date that is more than

Except that I, have received a HEAL loan before October 22, 1986, and I become an owner or a resident or an accredited program before the first day of the tenth month after I receive my first HEAL loan, I will not be included in determining the ten or twenty-five year periods. If I receive my first HEAL loan on or after October 22, 1986, the repayment period shall not extend to a date that is more than

thirty-three years from the date on which I signed this Promissory Note. If I received my HEAL loan prior to October 22, 1986, however, any period described under DEFERMENT shall not be included in determining the thirty-three year period.

3. At least thirty and not more than sixty days before the commencement of my repayment period, I must contact the holder of my loan to establish the precise terms of repayment. My repayment schedule will require monthly payments. However, I may select a monthly repayment schedule with substantially equal payments or a monthly repayment schedule of graduated installments that increase in amount over the repayment period. If I contact the holder of my loan in the period specified, I do not contact the holder and do not respond to contacts from the holder, the holder may establish a monthly repayment schedule with substantially equal installment payments, subject to the terms of this Note.

4. The terms and conditions of repayment shall be set forth in a separate Repayment Schedule which the lender shall establish and shall provide me prior to the beginning of the repayment period.

5. Unless I agree otherwise, I shall make a minimum annual repayment of an amount equal to the annual interest on the unpaid principal balance. Except as provided above, if I have other outstanding HEAL loans, the sum of all payments to all holders on my HEAL loans shall not be less than an amount equal to the total unpaid interest on the unpaid principal balance.

6. I understand that this loan must be repaid in accordance with my Repayment Schedule. If my account becomes delinquent, the lender may report the delinquency to an appropriate consumer credit reporting agency of the lender's choice, which may adversely affect my credit rating. The lender may also use collection agencies and utilize other collection activities (which may include litigation) if my account becomes overdue.

CREDIT REPORTING AGENCY

My educational institution or my lender may disclose my loan, and any other relevant information, to appropriate consumer credit reporting agencies. If I am more than thirty days past due in making a scheduled payment, the lender of my loan will notify an appropriate consumer credit reporting agency of my past delinquency and any other relevant information.

LATE CHARGE

If a scheduled payment is late, I will be charged five cents for each dollar of the installment payment due.

GENERAL

The terms of this Note shall be construed to the Law (42 U.S.C. 201-209) and the Federal regulation (42 CFR Part 60) governing the administration of the Health Education Assistance Loan (HEAL) Program, copies of which are on file with the holder of this Note.

I agree that all proceeds from this loan will be used solely for tuition and other reasonable education expenses, including fees, books, supplies and equipment, and laboratory expenses, reasonable living expenses, reasonable transportation costs, only to the extent they are directly related to my education, and the HEAL insurance premium. I further agree that the check(s) for the proceeds of this loan shall be payable jointly to me and the eligible institution in which I am enrolled.

I have read and understand the Additional Terms and Responsibilities of the HEAL Program and the responsibilities printed on the reverse side of this form.

By my signature below I CERTIFY that I have read and understand my rights and responsibilities regarding the HEAL loan under this Promissory Note.

Date 12-15-89

Peter J. Boddick III
SIGNATURE OF BORROWER

P.O. Box 43 2nd Street
ADDRESS

Quakake, Pa. 18245
CITY/STATE/ZIP

NOTICE: This note shall be recorded without penalty and without charge against the borrower's credit. If the borrower is a minor, the signature of the parent or guardian is required. The signature of the parent or guardian is required for the signature of the borrower to be valid.

601889001

Promissory Note — Variable Rate

526320

Last Name (Print or type) <i>Wong</i>	First Name <i>Peter</i>	Middle Initial	Social Security Number (SSN) <i>123-45-6789</i>
Other Name(s) Used: <i>None</i>			
PERMANENT HOME ADDRESS <i>P.O. Box 43, 2nd Street, Quikok, Pa. 19245</i>			Age <i>18</i> Date of Birth <i>1/1/27</i>
TEMPORARY SCHOOL ADDRESS <i>120-113 Pennsylvania Blvd Philadelphia Pa. 19131</i>			Age <i>18</i> Date of Birth <i>1/1/27</i>

PROMISE TO PAY

Yst-K-Hadlock-III

[illegible]

The Leader and I further investigated and noted that

40 (1974) 111-121

I must however state that the above information was obtained from a confidential source of the FBI in writing. It may be of some value to the FBI in its investigation of the activities of the above named individuals. It is requested that the FBI be kept advised of any further information received from this source. It is requested that the FBI be kept advised of any further information received from this source. It is requested that the FBI be kept advised of any further information received from this source.

References

[illegible][illegible]

Intelligence Bulletin

A request that the lender, in addition to the above said provision plus the amount equal to the purchase price, the money is required to pay as the security, in order to provide the same amount as the loan. Payment of an amount provision calculated in accordance with the above said by the Security shall be due and payable immediately and only the money by the lender from the first proceeds. (7)

bioRxiv preprint doi: <https://doi.org/10.1101/000000>; this version posted January 1, 2016. The copyright holder for this preprint (which was not certified by peer review) is the author/funder, who has granted bioRxiv a license to display the preprint in perpetuity. It is made available under aCC-BY-NC-ND 4.0 International license.

I say, of my opinion and intend, partially, to pay all of my part of the principal and interest thereof at any time. If I pay all early, I will not have to pay a penalty. If I pay yet early, I will not be required to a refund of part of the above-mentioned premium.

Abstract

3. Payment shall be made by weekly installments over a recovery period which starts the first day of the first month and the month of death.

- (1) I consider to be a full-time employee of a HEAL school.
 (2) I intend to be a participant in an accelerated internship or residency program of that school during that period in education. or
 (3) I anticipate that within a year of an accelerated internship or residency program I will be a full-time employee of that school. or
 (4) I consider to be a full-time employee of a HEAL school. or
 (5) I am a full-time or part-time student in a HEAL training or degree program in excess of two years of study, or I am a full-time or part-time student in a HEAL training or degree program in excess of two years of study. (1) is directly related, not defined in statute, therefore, so the teacher applicant for which I prepared at a HEAL school, and told in which I am employed during a two-year period which begins within another two-year period. I anticipate my participation in an internship or residency program described in code (1)(1) or clause (3)(3) of this paragraph is within 1) I anticipate my participation in that type of internship or residency program.

8. The respondent stated that she had been taken into custody for reasons that involve
no facts. She stated that she was taken into custody for reasons that involve no facts.
during this time in January 1963, and perhaps it occurred that she had been taken into
custody in 1963, then, the respondent stated that she was taken into custody that is what she

[illegible][illegible]

As the birds did not build in any place which the owl for a considerable period frequented, it was necessary to search for a new place and to build a new nest. The bird was seen to fly to a new place and to build a new nest. The bird was seen to fly to a new place and to build a new nest.

11. Unlike a group contribution, a group transfer is a chemical reaction in which a group of atoms is transferred from one molecule to another. The group of atoms is transferred as a unit, and the reaction is usually reversible. The group of atoms is transferred from one molecule to another, and the reaction is usually reversible. The group of atoms is transferred from one molecule to another, and the reaction is usually reversible.

[illegible]

CHIEF NATIONAL AGENCY

My experienced intuition of my better self demands my best, and my better self
is my intellect. My intellectual faculties should function effectively. If I do not
thoroughly grasp what I am doing, I am not doing it. The teacher of my mind
and heart is my experience and wisdom. In the experience of my best self, wisdom
and my other faculties are born.

2. 以下各句，請用適當的動詞或動詞片語，完成句子。

It is estimated that there are about 100 million people in the world who are illiterate.

[illegible]

I have told all of these things to the best of my knowledge and belief, and I have not been influenced by any person or persons in the making of this statement. I have not been influenced by any person or persons in the making of this statement. I have not been influenced by any person or persons in the making of this statement.

I have read and understand the Foreword, Terms and Conditions of Flight, and
 have signed the same on the reverse side of this ticket.

By my signature below, CENTURY confirms and endorses my rights and responsibilities regarding the IRLA Work Unit and the Pittsburgh Site.

9-27-67

Retained 1/2/19

SIGNATURE OF H. ALONSO

Dec 13 1932

ADDN 188

DATE: 12-1-45
CITY/STATE: [illegible]

...the

NOTICE: This document is classified CONFIDENTIAL and is not to be released without approval.

On March 10, 1968, [redacted] was interviewed by Special Agent [redacted]. [redacted] advised that he had been employed as a janitor at the [redacted] from approximately 1964 to 1967. He stated that during his employment, he observed [redacted] and [redacted] working together in the [redacted] area. [redacted] also stated that he had seen [redacted] and [redacted] in the [redacted] area on several occasions.

Understand that is very important. Do not forget about the importance of the work.

100-100000

1. *Journal of the American Medical Association*, 1997; 277: 1039-1043.

THE

Promissory Note — Variable Rate

Last Name (Print or type) HADDICK III	First Name Peter	Middle Initial T.	Social Security Number (SSN) 179-54-1745
Other Name(s) Used			
PERMANENT (HOME) ADDRESS 501 BOX 43 2nd Street		City CHAKAKO	State PO
		Zip Code 18345	Area Code/Telephone Number (717) 467-2687
TEMPORARY SCHOOL ADDRESS 1926 W. 1st Street P.O. Box 411 Summit House, Lehigh, Pa.		City Summit House	State Pa.
		Zip Code 18382	Area Code/Telephone Number (215) 430-8443

I, Robert J. Paderick, the borrower, promise to pay to the Pennsylvania Higher Education Assistance Agency (the "Agency") the sum of \$ 10,000 to the order of the Agency to be advanced to me, to pay interest on the principal sum of \$ 10,000 as set above and to pay advanced late charges, all reasonable attorney's fees, and other sums and charges that are permitted by Federal regulations and are necessary for the collection of any amount not paid when due. This Note is under an Agency program which is funded in part by gifts of most Governors and Senate under their authority with Citizens Deposit Bank and Trust Company, Harrisburg, Pennsylvania, as Trustee (the "Trustee"). Under certain circumstances this Note may be sold or assigned to third parties or transferred and does under the law of this jurisdiction.

NOTICE: This rule shall be considered waived, rescinded and without enforcement, except that, if the borrower is a tenant and the lender would sell, under foreclosure, the land, thereby creating a burdening obligation, the lender may enforce the rule.